

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Scott
 Township Richland
 City Sebaston, Mo (No. 2)

Registration District No. 8211
 Primary Registration District No. 6070

38939

File No.
 Registered No.
 St. Ward

2. FULL NAME

(a) Residence, No. E 14445 St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF March 9, 1908

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 29 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah Kentucky

13. NAME Dessie P. Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Alma Reeves Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) William Raby

18. BURIAL, CREMATION, OR REMOVAL Sebaston, Mo

PLACE Paducah, Ky DATE 10-17 1937

19. UNDERTAKER G. A. Pomphrey

20. FILED 10-28 1937 G. H. N. Presnell

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 9:00 PM

The principal cause of death and related causes of importance were as follows:

Sunshot wound inflicted by self on left thoracic cavity hitting heart.

Other contributory causes of importance:

Name of operation Date of 167

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 10-17, 1937

Where did injury occur? Sebaston (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home

Nature of injury Sunshot wound directly in heart

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John T. Hume, M. D.

(Address) Sebaston, Mo

Blount, Mo.

